

OPINION: 9 October 2022

NEW WOMEN'S AND CHILDREN'S
HOSPITAL CONSTRUCTION BID
**Planning the future with a \$3.2 billion park
lands confrontation**

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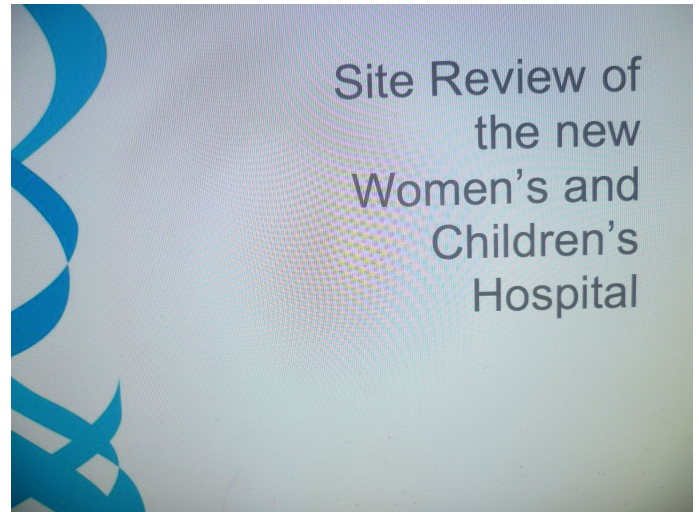
- Alternative West Terrace site discounted
- Cost and most-desired medico option fuels park lands barracks heritage demolition bid
- 12 reasons why the park lands option faces major challenges in parliament
- How News Corporation sees it: A looming war against “narrow civic interests” or “legitimate arguments about preserving Adelaide’s green belt”?

Money and expert health and building design influence over a data-driven analysis has pressured the state government into choosing a ‘crash-or-crash-through’ strategy to address a \$3.2b hospital plan challenge west of the city.

A key driver was a desire to avoid an additional capital cost of \$300m (totalling \$1000m) for a closer West Terrace option, compared to only \$700m for a park lands option.¹

On 27 September 2022 Premier Peter Malinauskas announced his government’s intention to acquire the Thebarton police barracks on the Adelaide park lands as the preferred site. It would see 10 state-heritage-listed places demolished, the compromising of Aboriginal and other culturally sensitive sites, and expansion beyond the barracks boundary into an historic olive grove park lands zone.

An ‘Official: *sensitive SA*’ analysis report, ‘Site Review of the New Women’s and Children’s Hospital’, was commissioned after Labor won the March 2022 election. It reveals that Labor’s politicians have been heavily influenced by ‘a perfect-the-enemy-of-the-good’ drive by advising practitioners. This is because, in preferencing



The report that few South Australians have seen.

access to a potentially unlimited area of park lands west of the RAH, it will not only enable construction of a state-of-the-art building² but also embed unrestricted state planning flexibility to expand further into the park lands any time in the future. This desire carried significant weight in the final data analysis leading to the park lands site preference. However, the state report also reveals that the nominated police barracks site is a poor choice for many health services reasons. A number are politically embarrassing. (See more, later in this newsletter).

Alternative West Terrace option favourably assessed

An option seen to have significant merit – but not the one that the architects and the clinicians wanted – is instead to build a W&CH hospital on West Terrace, adjacent to the North Terrace corner, across the road from the existing RAH. This was among five site options canvassed. Two of the most favourable in that mix were either to: (1) acquire the cost-free park lands’ police barracks site west, across the rail corridor and some distance from the RAH (‘Option 2b’); or (2) purchase a site facing West Terrace, opposite the RAH (tagged as ‘Option 3b’).

The government obviously baulked at the \$300m increased capital cost of the West Terrace option, but the report otherwise presents a compelling case for this site. It is an option that also would be likely to be preferable to future patients

¹ Site Review of the New Women’s and Children’s Hospital (‘Report’) (undated, but post March 2022), Table 15.1: Capital cost comparisons, page 21.

² These words appear in an Advertiser state government advertisement on 28 September 2022.

attending the RAH – if only they knew about the report’s findings. Selection of the site would also be preferable to the Adelaide City Council for city future development and investment reasons. However, if the state government rushes new legislation through state parliament before Christmas 2022 to sweep aside existing legislative hurdles, as the Premier has suggested could soon occur, the public will have little influence on the process, and the report’s findings are likely to be quickly forgotten. Notably, no public release of this report accompanied the Premier’s announcement on the day and no public consultation phase was triggered.

West Terrace site – ‘titles largely vacant’

The report claims that the West Terrace site (Option 3b) has merit. It says: “Option 3(b) comprises sites [titles] that are largely vacant or otherwise contain little by way of valuable improvements to the land or businesses that would be hard to relocate, with the notable exception of the McDonalds restaurant on the corner of West Terrace and Hindley Street.”

“As such, whilst the relevant legislation allows for objections or legal challenges on a limited range of grounds, compulsory acquisition of the land in Option 3b will be relatively inexpensive, with a low probability of significant delays to taking vacant possession.”³

Less delay

The report says that a delay of only 12 to 18 months would apply to W&CH construction commencement there, compared to three years at the police barracks site. Neither site would be operational for at least nine years, until 2031.

State government plans to throw \$2.4m at SAPOL to abandon the park lands site will trigger that three-year delay in building start and much work by SAPOL in finding an alternative site. In light of this, the report says that there is timely opportunity relating to further consideration of the West Terrace site. “The Site Issues Working Group (SIWG) findings understand that the owners of the most substantial land parcels that make up Option 3b are actively seeking to divest or develop their sites, and as such are considered to be unlikely to challenge the



The alternative Option 3b West Terrace site. The RAH can be seen in the background at left. The report noted that: “...West Terrace zoning ... will also allow additional height of buildings, increasing design flexibility for the hospital and the potential to incorporate additional built form for future expansion.” But the government announcement said nothing about this to the media when presenting its binary choice: either park lands or no hospital at all.

acquisitions. As with all such acquisitions, there may be negotiations regarding the prices endorsed by the Valuer-General compared with private sector price expectations. Compensation [would be] required to acquire all privately owned properties within the Option 3b site area (approx. 22,000m²). Vacant possession of the site is anticipated to take 12 to 18 months.” This 22,000sq m area is slightly larger than the area footprint desired for the park lands site.

‘Fewer restrictions on land uses’

The report says that Option 3b (West Terrace) would be “...in line with the existing planning code as it applies to the Capital City Zone. This zoning, combined with a location further from the flight path to Adelaide Airport, places fewer restrictions on land uses, and will also allow additional height of buildings, increasing design flexibility for the hospital, and the potential to incorporate additional built form for future expansion or complementary development of facilities for SA Pathology, Ronald McDonald House, medi-hotels, retail or consulting rooms.

Option 3b at West Terrace also presents no loss of any heritage property. The adjacent Newmarket Hotel would remain, unaffected.

³ Report, *ibid.*, section 14.3 – Options 3a and 3b, page 20.

Pedestrian air bridges to RAH and to park lands

The report notes: “Both options [for West Terrace] include a proposal to construct pedestrian bridges from the WCH over North Terrace to the Royal Adelaide Hospital and over West Terrace to provide improved access to the park lands. These linkages would require approvals from the City of Adelaide and may require approvals under the Park Lands Act and Heritage Protection Act.”

While Hindley Street would be permanently closed at the intersection with West Terrace, if the West Terrace option were chosen, the report claims that this would not emerge as a major issue. It has obviously already been explored by the report team. The report says: “...this is considered by the [group] to be viewed favourably by planning and Council.”

City investment and growth benefits for the council

The report notes that in choosing the most preferred West Terrace site (Option 3b) it would not only boost city activity but also address or avoid many of the negative issues related to acquiring the police barracks park lands site. (See an exploration of these in the text on page 4.)

The report says: “Options 3a and 3b (West Terrace) are located within Adelaide’s Central Business District, and directly across North Terrace from Adelaide Biomed City. This proximity, combined with the availability of adjacent development sites in the Capital City Zone, provides the most opportunity for future development and investment from the private sector, including commercial partnerships. This location is also considered the most advantageous for easy access to parking, hotels, retail, services and other amenities within easy walking distance, as well as the ease with which the private sector can respond to meet the demand for additional amenity or services into the future.”⁴

However, the report makes clear that the architects’ and clinicians’ ‘perfect’ preference (perfect world, state-of-the-art hospital design, and unlimited expansion potential further into the park lands) has led to the preference for the police barracks park lands site. But ‘connectivity’ would be better closer to the RAH.

“Whilst all site options assessed as part of this process will position the WCH within close proximity to the Royal Adelaide Hospital, providing clinical connectivity for emergency, the Site Issues Working Group consider [that] the City West sites (Options 3a and 3b – West Terrace) provide significantly better connectivity with the broader biomedical, research and university precinct. Of the options assessed, only Options 3a and 3b are located within 500 metres of all buildings and institutions within Adelaide Biomed City, as well as the entirety of the UniSA City West campus. The SIWG also consider that these options significantly enhance the attractiveness of the north-west quadrant of the Adelaide CBD for further private investment from allied health and complementary industry.”

The report’s authors curiously later note that some challenges would arise regarding movement of patients from West Terrace facilities to the RAH. “The identified outdoor area currently almost exclusively consists of concrete space and does not have easy access to park lands which has been identified as a key criterion by consumers. (However, it appears that earlier report discussion about proposed air bridges and Option 3b’s air bridge link to the park lands appears to have been momentarily forgotten by the report’s author.) “These options were considered to provide a very poor solution to a safe and time-critical emergency pathway to provide response for critically unstable patients (women) and subsequent transfers between new WCH and RAH. There would be a distance for RAH staff to travel to provide assistance (and vice versa)...”⁵ Again, curiously, the report does not note two obvious facts: that the preferred park lands site is even more distanced from the RAH; and that over the next nine years to 2031 there is currently nil connectivity between the existing W&CH in North Adelaide and the RAH west of the CBD because they operate on different sides of the city.

Ambulance transfer of patients from a West Terrace hospital is claimed to be not be as easy as it would be from a Port Road (park lands) site, about a kilometre from the RAH (and on the same side of Port Road). Curiously, this ‘challenge’ raised in the report is not explored in the analysis, which it ought to have done, delivering proposed solutions as part of the site analysis. For example, one option could be an underground ambulance road from the West Terrace site to the RAH directly opposite.

⁴ Report, *ibid.*, page 20.

⁵ Report, *ibid.*, 13.5 Options 3a and 3b – City West, page 17.

But the report does deliver some praise. “This [West Terrace] option does, however, provide better helicopter access as the site would be provided with its own helipad.”⁶

The many negative aspects of the park lands police barracks site preference



Flyer circulated in early October 2022 by opponents of the barracks option.

State Labor’s determination to acquire a park lands site for a huge new hospital faces many challenges. There are so many that it’s possible that Premier Malinauskas is merely ‘flying a kite’ – practising an old political ruse to test public resistance to his proposal before deciding to face up to state parliament’s houses – or not.

The report⁷ notes that one of its objectives was to: “...locate the new W&CH within the Adelaide BioMed City and maintain a level of clinical connectivity to the RAH.”⁸ But in now advocating for a more distant park lands site Labor has stymied this objective. The government makes no mention of this contradiction, but admits that the ‘co-location’ state mantra of the past is now past tense (see page 8). Moreover, the park lands site, which is further west, and across the rail corridor, does not deliver anything like an ideal ‘connectivity’ solution.

As an alternative, the West Terrace ‘Option 3b’ would deliver something more consistent with that objective. But it would cost an additional \$300m and give grief to state Treasurer, Stephen Mullighan, already struggling with a sea of red on the books.

⁶ Report, *ibid.*, 13.5 Options 3a and 3b – City West, page 17.

⁷ Report, *ibid.*, 5, Scope of work, page 10.

⁸ Report, *ibid.*, page 10. This ‘Biomed City’ features the spine of state infrastructure towers stretching west from Morphett Road to the RAH.

The ‘list of 12’

There are at least 12 reasons why complications arising from the Premier’s park lands preference could prompt government headaches once the public – and state parliamentarians – better comprehend them. But Labor appears to have no intention to enable an easy understanding of these among state taxpayers. A state failure to make immediate provision for wide public consultation leaves the SA public in the dark about claims and counter claims behind the decision to opt for the park lands, and to mount a parliamentary bid to lock it in.

However, although there is not a whisper yet circling in media-land, the state government does have two alternatives if the parliamentary bid fails. They are (1) the West Terrace site ‘Option 3b’, or (2) funding a major upgrade to the existing W&CH. But right now, the political tactic appears to be to try to get the numbers in the Legislative Council and rush through special legislation. That would be a ‘winner-take-all’ approach, and the Premier works hard to convey an image that he always seen to be a winner. LegCo MLCs will want to first scope the following aspects.

Challenges include:

1. There is political risk in a requirement to sweep aside sensitive Aboriginal-related law (whose amendments are very recent) if park lands project-oriented development legislation is to be pursued in parliament. The report says: “The RAH west site is a registered site under the Aboriginal Heritage Act and as such requires approvals under sections 21 and 23 of that Act. Section 21 and Section 23 approvals were granted by the Premier [Steven Marshall] in January 2022.”⁹ Clearly, then Liberal Premier Steven Marshall and his ministers were not contemplating triggering Labor’s risky determination announcement that has emerged nine months later in September 2022.
2. A similar risk involves a requirement to sweep aside (for the nominated park lands site) the formal provisions of the *Adelaide Park Lands Act 2005*, and the interacting provisions of the *Planning, Development and Infrastructure Act 2016*, plus the *Heritage Act 1993* – the abandonment of which could prompt significant public response, as well as public appeals to parliamentarians to block the bill.

⁹ Report, *ibid.*, page 18.

3. There would be a requirement to achieve city council cooperation because that parcel of the park lands is under its care and control. This would require an intra-government transfer of care and control of the SAPOL site to the Minister for Health. But there is a possibility of rejection, especially given a likely change of elected members looming in November 2022 as a result of a local government election period currently under way. Introduction of the bill might possibly occur at the same time as new city councillors begin probing the details.
4. Labor's proposed parliamentary trashing of the provisions of the *Adelaide Park Lands Act 2005* (for that nominated park lands site), which includes its statutory policy instruments the *Adelaide Park Lands Management Strategy*, and the *Community Land Management Plan*, could also meet resistance. A new, post-November 2022 city council could reasonably argue that the police barracks acquisition proposal is without park lands policy support under those policy instruments. On that basis alone, it could reasonably refuse to transfer the site to the Minister for Health.
5. There would be a requirement for the state to notify the Commonwealth Government regarding the project's compliance (or not) with the National Heritage listing values criteria, especially regarding the significant proposed height of the park lands building concept (4+5 levels totalling 9)¹⁰, compared to no such requirement for the non-park-lands site at West Terrace, which may be equally as high. The risk would be that a new park-lands-sited hospital could impinge on views of the park lands, breaching the provisions of the Commonwealth legislation. The state government cannot know this until tested. It cannot be tested until a full concept plan is ready.
6. There are already known negative public amenity features of the park lands site location. The report says: "The Site Issues Working Group (SIWG) also consider [that] these site options (2a and 2b – each referring to the police barracks site) have the poorest connection to the CBD, and limited connection to the inner western suburbs. As such, there is very little access to commercial car parking options, hotels, retail and patient centred services within a walkable distance."¹¹ This is a damning observation and underscores state planner reservations about the viability of the option.
7. There appear to be unclear plans for car parking facilities for the general public at the park lands hospital site. The report offers no explanation beyond an assumption that hospital staff would need a car park. But the public? The report cryptically says: "Car parking provided by a separate building east of Goal Road..."¹² By comparison, the West Terrace site is adjacent to adequate west-end city car parking facilities. This is a 'plus' for that site.
8. There would be a new and costly state requirement for significant new funding for transport to the park lands site, given that 'mode share of public transport' is increasingly a state policy focus, discouraging car use. The report says: "The provision of additional public transport services ... to purchase new vehicles, infrastructure costs for tram and bus stops, and increased operating costs to extend services. It is estimated that an additional Tram stop and bus interchange would cost approximately \$26 million with a further \$15 million required for expansion of the tram and bus fleet. It is estimated that the expansion of services could cost approximately \$4 million to operate."¹³ These would be 2022 commitments locking in a financial burden to be faced by a future state administration, several terms from now. This compares to the West Terrace site, where there would be no such requirement for additional compensatory public transport options and costs. The report says: "Given the high standard of public transport services already surrounding this [West Terrace] site no changes to bus or tram services are envisaged."
9. With the state's most desired Option 2b proposal (the police barracks site), if approved, the concept plan footprint of the new hospital concept would encroach north into the edge of Kate Cocks Park, an historic olive grove. This is part of Park 27 (Bonython Park) park lands.

¹⁰ Report, *ibid.*, page 13: "The podium may be 4 levels and possibly a tower of 5–6 levels."

¹¹ Report, *ibid.*, page 19.

¹² Report, *ibid.*, page 13. Media reports are more detailed. So are colour state government drawings released on 28 September.

¹³ Report, *ibid.*, section 16.6, Public Transport Costings, page 22.

This encroachment is evidenced in the report.¹⁴ Such an encroachment would be particularly confronting to objectors as well as the city council, the custodian of the land. This highlights one of the most politically sensitive aspects of the Option 2b police barracks plan.

10. There would be no significant advantage between the park lands site option and the West Terrace site (option 3b) regarding emergency patient transfer. Each would use ambulances.
11. There would be identical proposed footprint areas between the park lands site (“18-20,000sq m”) and the footprint proposed for the West Terrace site (same). In other words, the park lands option is no better than the West Terrace (Option 3b) site. The report says: “The [West Terrace] site provides for a building with a podium floor plate of 18–20,000sq m.” Despite claims that the park lands site would be free to expand while the West Terrace would not be, in fact the same opportunity exists for expansion at the West Terrace site. But instead of expansion out, it would be via expansion up, as added storeys. The report says: “The podium will be 5 levels *and a tower*. ... Shell floor levels could be added for later expansion.”¹⁵
12. The police barracks west park lands option offers no advantage for hospital staff working in a related medical facility. Compared to this, there would be a more practical and feasible advantage at the West Terrace site regarding the 160 hospital staff envisaged to be housed in the Australian Bragg Centre. This is simply because the West Terrace site option is much closer. The Bragg Centre is being constructed now, adjacent to the ‘cheese cutter’ medical facilities off North Terrace. The park lands site lies some extra distance from it. But the report does not explore what appears to be an obvious handicap as it preferences the park lands site over the West Terrace site. Staff movement, and face-to-face meetings would be more feasible if the new W&CH hospital were to be constructed at the West Terrace site.



The Thebarton police barracks. SAPOL would take at least three years to vacate the site, but advocates of the alternative West Terrace land acquisition ‘Option 3b’ claim that accumulating the titles to begin work would only take 12 to 18 months.

THE DATA ANALYSIS

Criteria weightings determined whose view would most influence the results

The government’s preference to acquire the police barracks park lands site was influenced and ultimately determined by the percentage weightings of the report’s site criteria. Forty attributes were grouped into six¹⁶ categories:

1. “Clinical, and Clinical support – The ability of an option to meet the clinical requirements in particular the key criteria to provide an optimal functional layout and a safe pathway to achieve clinical connectivity with the RAH and the ability of the option to provide for future expansion.
2. “Master Planning – The option’s impact on building functionality, shape and form, leverage off the RAH infrastructure and capacity to expand in the future.
3. “Construction – The option’s complexity to build, program impacts on time to complete, and impact on the RAH and other parties during construction.
4. “Public Transport – The ability for a site to have access to public transport, support for safe cycling and walking and vehicle access.
5. “Site Issues – The extent of planning, heritage and other approvals and their complexity for each option.

¹⁴ Report, *ibid.* The figure showing this appears on page 13: ‘Figure 9.1, Option 2b Site Layout’.

¹⁵ Report, *ibid.*, Figure 11.1, Option 3b Site Layout, page 14.

¹⁶ The report claimed five categories on page 25; obviously there were six.

6. “External Factors – The potential for a site to facilitate further developments and proximity to additional accommodation and parking for patient families and staff.”

Importantly, the attribute groupings were weighted on the basis of their “significance to the new WCH”.¹⁷ Who determined them is not clear, but they would have been informed by ‘expert’ advice. Three of them, Clinical, Master Planning and Construction (potential tally score of 72% of the total) enabled the architects’, planners’ and clinicians’ views to not only influence the outcome but also determine it.

This was because the first three criteria addressed the matter of being able to expand the facility in future years, as well as addressing the advising medicos’ desire to see created a building that addressed a ‘perfect world’ ideal outcome: the best of the best hospital facility. In a world free of the politics of supply and demand, this is a laudatory principle. (But it overwhelms other less tangible factors, because the land supply equation needs to factor in the perceived value of the irreplaceable integrity of the Adelaide park lands as well as how protective many South Australians feel about the use of this land for new state infrastructure development.)

The weightings for the assessment were: Clinical 40%, Master Planning 12.5%, Construction 20%, Transport 12.5%, Site Issues 10% and External Factors 5%. Of the two most likely hospital site options (2b and 3b: see earlier site descriptions), the matrix end result delivered a weighted score of 69% for the park lands option, and 63% for West Terrace option respectively – a data difference of 6% between preference for a park lands site or a West Terrace site.

The “capital cost differences to option 1” (the existing and now redundant WCH plan for occupation of the very small parcel of land adjacent to the RAH) figures totalled the following amounts: 2b: +\$700m; or 3b: +\$1000m, highlighting that critical \$300m additional capital cost to develop at the Option 3b West Terrace site.

The weighted scores for the West Terrace site compared to the SAPOL barracks site did less well in terms of Clinical, and Clinical support (West Terrace 22.13% v 29.2%); or Master Planning (West Terrace 6.93% v 8.77%); or Construction (West Terrace 13.35% v 15.64%). But West Terrace scored better in terms of Transport (9.57% v 8.49); Site Factors (6.69% v 4.34%) and External Factors (4.25% v 2.51%).

Critically, none of the six categories explicitly addressed and probed the problematic consequences of exploiting the availability of sites in the park lands zone west of the city. Category #5 (Site issues) came close, but in the end was ambiguous. It read: “The extent of planning, heritage and other approvals and their complexity for each option.” Moreover, its given ‘value’ in the final data analysis was only 10%. Clearly, planning and heritage issues were not seen as critical to the data analysis debate, and the ultimate result.

If nothing else, these figures highlight the way the test results would emerge if there is an enduring option available to the state to access unlimited land supply for future major construction projects. The ‘unlimited’ option will almost always win on the basis of the weighting sum of the first three criteria. The result in this case? The park lands site option: 53.61%, versus the West Terrace (Option 3b): 42.41%.



Adelaide park lands site to be built on if the state government achieves a go-ahead for construction of the \$3.2b Women’s and Children’s Hospital. Most likely this site will be used for a multi-level car park. A 28 September *Advertiser* report claimed it would feature “more than 1300 car parks [spaces], up from 1215 in the original plan, and a helipad.”

¹⁷ Table 21.1, *ibid.*, page 25.

How News Corporation sees it: A looming war against “narrow civic interests” or “legitimate arguments about preserving Adelaide’s green belt”?

Adelaide’s electronic media, through which most South Australians get their news, relies largely on the city’s daily, *The Advertiser* and the narratives its journalists deliver. Its online news articles and opinions also feed social media’s voracious daily appetite.

The first challenge for the Malinauskas government in September 2022 was to craft a binary narrative: either develop on park lands, or get no new hospital. The second challenge was to try to minimise reference to an unconscionable park lands raid. *The Advertiser*, which relies heavily on government advertising revenues, duly delivered. Electronic media followed suit. The day after the 27 September announcement *The Advertiser* featured large government hospital display advertisements. These will keep coming as long as editorial managers go along with the government’s binary narrative.

On 28 September an *Advertiser* editorial thundered: “Criticising the loss of some inaccessible heritage buildings for a sorely needed new Women’s and Children’s Hospital is typical of the political myopia that too often holds back Adelaide. Sick children and women should outweigh heritage concerns.” It made no mention of the Adelaide park lands. The guilty party was the “police barracks”, which were “not open for recreation.”

Buried in the rant was a curious paragraph. “It is peculiar that the state government has to push through special planning legislation to expedite the hospital.” This removed any doubt that the writer knew nothing about the laws, management rules and statutory policy instruments put in place to maintain checks and balances about park lands raids.

The bill now being prepared by the government will have one principal aim: to legally set aside all of the rigours of the 2016 planning legislation – and the 1993 heritage legislation, and Labor’s 2005 park lands legislation, and all of its other interacting legislation – to deliver unfettered ministerial control over a park lands construction project to encroach on

40,000sq m (four hectares) of land in the Adelaide Park Lands Plan.¹⁸

Editors also appear blissfully unaware that they are witnessing the emergence of one of the biggest park lands stories of the decade. It is that the state government seeks to trigger a rare and brutal approach to alienating Adelaide park lands sections for construction purposes. It would ask parliament to enable the passing of fresh law, to trash the protections available under existing laws, relevant to the west park lands site. That has only occurred twice in recent memory: in 1984 (for a car race) and 2011 (for the Adelaide oval redevelopment). Parliamentary agreement was hard won. Each was controversial, and aroused much community passion.

The Advertiser’s reporters have also failed to note a new, contradictory line suddenly being pursued by health bureaucrats. Originally, the not-negotiable and critical W&CH plan was *co-location with the RAH*. But suddenly, that’s changed. As a senior government hospital bureaucrat confessed in an *Advertiser* display advertisement on 28 September, the state “will now see the hospital located separately, providing space for a larger, better-equipped [facility] and room for both hospitals to expand in the future.” And to where would each expand? Into the city’s park lands.

Senior journalist at *The Advertiser*, Paul Starick, noted in his ‘Analysis’ column on 28 September that: “[The government’s] central case is that this is a decision with consequences lasting a century, given the foundation stone for the existing North Adelaide hospital site was laid on June 20, 1878.” But that development did not access the park lands.

Starick also mused: “This is a contest of SA’s willingness to embrace pragmatic change in the wider state interest.” That jargon could easily have come from mockery in the journalism of George Orwell, given that preservation of the park lands has been in the wider state’s interest even longer, since 1837. The gamble for Malinauskas is that South Australians, who care deeply for their park lands, will go along with a new narrative that sounds like a threat, not a win-win plan.

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¹⁸ Area number claim made in: ‘Hospital’s \$3b site switch’, *The Advertiser*, Brad Crouch, Paul Starick, Katherine Bermingham, 28 September 2022, page 6.